

HMO Illinois and BlueAdvantage HMOSM

The HMOs of Blue Cross and Blue Shield of Illinois



Q&A

Vision Care Program Discounts

What are my specific vision care benefits and discounts?

If your vision care program does include a materials allowance, your vision program includes a routine annual eye exam for you and your eligible dependents for the same cost as your office visit copayments (a referral from your Primary Care Physician is not necessary).

You and your eligible dependents can also get one pair of eyeglasses or contact lenses every 12 or 24 months, depending on your plan design. These discounts are applied to the cost and then the amount of your materials allowance is subtracted. You only pay the remaining balance.

Please review the charts below for more specific details.

VISION CARE SERVICES	MEMBER DISCOUNT
Frames	
A ny available frame at EyeMed provider locations	40% off any regular priced frames
Contact Lenses (discount applied to materials only)	
Permanent	15% discount off of usual and customary prices
Disposable	10% discount off of usual and customary prices
E yeglass Lenses	
Includes single vision, bifocal, trifocal or lenticular. Includes plastic, glass or polycarbonate.	40% off any regular priced frames
Lens Options	
Examples include progressive add-on to bifocal or trifocal, tints and coatings.	40% off usual and customary price
Other Add Ons	
	40% off usual and customary prices
Additional Discounts	
Members will receive a 40% discount on all items not fully covered by the plan, excluding providers' professional services. Discounts may not be used in combination with any other discounts or promotions. Retail prices may vary by location.	

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Secondary Purchase Plan

After purchasing one pair of eyeglasses or contact lenses during the materials allowance period specified by your plan design, you may wish to purchase a second pair of eyewear. Or you may purchase additional eyewear before your plan's frequency limitation renews. You and your eligible dependents can use the Secondary Purchase discount as often as you wish. Take a look at the charts below for more detailed information.

VISION CARE SERVICES	MEMBER DISCOUNT
Examination	
With dilation as necessary	\$5 off routine exam \$10 off contact lens exam
Frames	
Any available frame at EyeMed provider locations	45% off any regular priced frames up to \$130, plus an additional 20% off the balance over \$130
Contact Lenses (discount applied to materials only)	
Permanent	15% discount off of usual and customary prices
Frequency	
Examination, Frame, Lenses and Contact Lenses	Unlimited
Additional Discounts	
Members will receive a 20% discount on all items not fully covered by the plan, providers' professional services. Discounts may not be used in combination with any other discounts or promotions and retail prices may vary by location.	

VISION CARE SERVICES	MEMBER COST
Plastic Lenses (per pair)	
Single Vision	\$35
Bifocal	\$55
Trifocal	\$90
Lenticular	\$90
Lens Options (paid by the member and added to your cost of the lenses)	
Basic Polycarbonate	\$35
Scratch-Resistance Coating	\$15
Tint (Solid or Gradient)	\$12
Ultraviolet Coating	\$12
Standard Anti-Reflective Coating	\$45
Standard Progressive (add on to bifocal)	\$45
Other Add Ons	
20% discount off of usual and customary prices	

Is there a limit to the eye wear discounts?

There is no limit to the number of times you can receive eyewear discounts.

How can I obtain more information?

To locate an EyeMed[†] network provider or for more information, visit our Web site at www.bcbsil.com or call EyeMed customer service at (866) 273-0817.

[†] The relationship between Blue Cross and Blue Shield of Illinois and EyeMed Vision Care is solely that of independent contractors.